



H.E.F. CANADA QUARTERLY

The Human Ecology Foundation of Canada

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HUMAN ECOLOGY FOUNDATION OF CANADA

H.E.F. CANADA QUARTERLY

The H.E.F. Canada Quarterly is a publication of the Human Ecology Foundation of Canada, a charitable organization under Canadian law, operating on a non-profit basis. THE QUARTERLY is for people who are interested in health and its relation to our environment. It deals primarily with research in the field of clinical ecology, and also describes how people have improved their health by changes in habits, diet and environment. As such, it does not offer medical advice, and we urge persons wishing to experiment with changes in their lifestyle to do so with the help and guidance of a knowledgeable physician.

HUMAN ECOLOGY FOUNDATION OF CANADA

One of the purposes of the Human Ecology Foundation is to promote the free exchange of information on the prevention and treatment of ECOLOGICAL ILLNESS. People who are ecologically ill and/or environmentally hypersensitive are no longer able to adapt well to common and increasing exposures in their everyday environment. They may develop a variety of chronic or acute symptoms that are brought on by substances in the air, in food, in water, or in their home and/or workplace environments.

Natural inhalants such as pollens, dust and moulds, and even natural foods may begin to affect people adversely. This aspect of the condition is often referred to as "allergy", but the many synthetic chemicals that are now common around us can also cause symptoms, and overexposure to these can trigger ecological illness even in those with no history of allergy or other sensitivity to the environment. Symptoms may be mild and merely annoying, or they may become severe enough to interfere with a person's daily activities, family life, and career.

On a local basis, HEF branches work toward finding sources of chemically less-contaminated food, water, clothing, and household furnishings, as well as providing counselling on changes of lifestyle that may alleviate symptoms. H.E.F. and all its branches would like to encourage others to become involved not only in research on the effects of environment on health, but in working toward a healthier, less-polluted environment.

ENVIRONMENTAL HYPERSENSITIVITY IS A CHRONIC MULTISYSTEM DISORDER USUALLY INVOLVING SYMPTOMS OF THE CENTRAL NERVOUS SYSTEM AND AT LEAST ONE OTHER SYSTEM. (Thomson Committee Report 1985).

SUBSCRIPTION AND MEMBERSHIP

Membership in the Foundation includes a subscription to the HEF CANADA QUARTERLY which is published four times per year. Annual membership and subscription fee is \$20. WE INVITE NEW MEMBERS!

PRODUCT INFORMATION mentioned in THE QUARTERLY should be carefully evaluated for personal compatibility, since individual sensitivities vary widely. Mention of a product does not imply that H.E.F. endorses that product or service.

P R E S I D E N T ' S M E S S A G E

Hi! I'm like a bad penny. I keep coming back. I'll be staying on as your National President for one more year.

Things look promising as summer emerges. The conference was successful despite some technical difficulties. I will be sending copies of the audio tapes to our Quarterly editor soon, so you can look forward to reading more about the Third Annual Symposium in the September edition.

I would like to send heartfelt thanks to those who helped with the conference, especially to Chris Brown, who looked after the publicity. We received a great deal of positive publicity nationwide. Chris also procured the grants allowing free admittance to the conference. These grants came from the Ministry of State for Disabled Persons and the Ministry of the Environment. It's gratifying to see the federal government becoming involved.

H.E.F. is having continuing dialogue with groups which have similar interests to ours. We hope that this networking will increase an overall awareness of our illness.

Last, but not least, I would like to announce the formation of a new branch in Belleville, Ontario. New branches will continue to emerge across the country. If anyone is interested in forming another new branch, please notify me.

Thank you for your ongoing support and encouragement.

Ecologically yours,

Lynda J. Brooks, R.N.
National President

The H.E.F. CANADA QUARTERLY is a communications line that belongs to all of us. We encourage your comments and contributions, your articles and inspirations. Take the time to share what you know.

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* Editor - Mary Merlin Nelson *
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INFANT FEEDING USING THE ROTARY DIVERSIFIED DIET

by Del Stigler, M.D.

For the first six months of your baby's life, the only source of nutrition needed is breastmilk or a commercial formula. Plain water may be given; water sweetened with sugar or corn syrup should be avoided. Babies under a year of age should never be given honey. If your baby has intolerances to commercial formulas, other nutritional advice should be provided by your pediatrician. If you are breastfeeding, you may pump and store your milk to give your baby when you must be separated. Families with a history of food allergies are advised to breastfeed for as long as practicable and introduce formula supplements and foods with a great deal of caution.

At around six months, your baby will begin to be ready to try solid foods. The exact time will vary - few babies need solids prior to six months, and feeding at a much earlier age will cause problems such as sensitization to the new foods. This will be less likely to occur as the baby's immune and digestive systems become more mature. Feeding cereal or other foods has not been shown to help babies sleep through the night.

BEGINNING SOLID FOODS

When your baby is no longer satisfied with just nursing or formula, is showing some interest in the food you are eating, and is chewing things put into his mouth, instead of sucking everything, he is probably ready to try some solids. Breastmilk or formula will continue to be the most important source of nutrition for several more months - give foods in addition to, not instead of, the milk.

Begin with one meal per day. The time of day you pick should be the time he seems most eager to try something new - when neither he, nor you, are tired and out of patience. If he is very hungry, nurse him or give some formula first. Begin with small amounts of food, gradually increasing to as much as he wants. All foods, even fruits, should be cooked.

We advise all of our parents to begin feeding vegetables first, on a rotation basis. By rotation we mean to give the baby one food on the first day and not to repeat that food for three or four days. Give a different food on the second day, a third food on the third day, then on the fourth day, repeat the food from day one. If any food causes a problem for your baby, drop it for a few weeks, then try it again. Meanwhile try a different food in its place. Keep a list of which food was given each day so that any problem noted can be quickly identified. Symptoms to watch for include rash, redness around the anus, excess gas, diarrhea or constipation, fussing, or spitting up. Separate foods from the same food family by at least two days. Peas and green beans are in the same family, but the yellow vegetables (carrots, squash, sweet potatoes and yams) are all from different

families. You should obtain a food family listing to help you know which foods are closely related. We believe that feeding the same food over and over for several days in a row increases the chances the baby will become sensitive to that food.

EXAMPLE: Monday - peas; Tuesday - squash; Wednesday - carrots; Thursday - peas again (if no reaction).

VEGETABLES (AFTER SIX MONTHS OF AGE)

BEGIN WITH:

Peas*
Squash
Carrots
Green beans*
Red beets
Sweet potatoes

THEN LATER:

Potato
Broccoli and cauliflower
Cabbage
Other peas and beans
Other green vegetables
Celery, asparagus

*Watch for reaction if on soy (another legume) formula

FRUITS (ABOUT A MONTH AFTER BEGINNING VEGETABLES)

When your baby has tried all of the vegetables, is doing well on several of them, and is ready for two meals a day, begin fruits at the second meal. Use the same sort of rotation described above.

BEGIN WITH:

Apple (applesauce)
Peach
Banana

THEN LATER:

Apricot Pineapple
Plum Cherry
Pear Grape

JUICES

Juices are not necessary, nor are they usually recommended. If used at all they should be diluted with at least three times as much water.

MEATS (AT AROUND EIGHT OR NINE MONTHS OF AGE)

Meats will be offered next, after the baby is ready for a third meal, and is tolerating a variety of fruits and vegetables. Again, rotate the meats.

BEGIN WITH:

Beef (veal, liver)*
Pork*
Lamb*

THEN LATER:

Fish (salmon, tuna, turbot)
Shellfish (shrimp, crab, etc.)
Fowl (turkey, chicken, duck)

*Watch for reaction if on cow's milk formula

CEREALS AND GRAINS

Cereals are the last to be introduced, as they are the most highly allergenic of the foods. By the time your baby is ready for the grains, the baby cereals will not be necessary. Give him "grown-up" cooked cereals or single ingredient puffed cereals as

a finger food. Health food stores carry puffed brown rice, puffed millet, and puffed corn with no added sugar. Avoid sugared cereals and multi-grain cereals. Do not give young babies crackers, teething biscuits and the like until single ingredient foods have been well tested. Rice cakes and Ry-Krisp are good "munchies", as is homemade melba toast - after you know your baby can tolerate the other ingredients in the bread.

BEGIN WITH:

Rice
Oat
Rye

THEN LATER:

Wheat
Millet
Barley
Corn

PREPARING YOUR OWN BABY FOODS

You may cook your own vegetables and fruits, using fresh or frozen. Canned fruits should be used with caution, as most have sugar or corn syrup sweeteners, or apple or pear juice added. Steam fresh or frozen vegetables until tender. Fruits should be blanched or cooked in the microwave until slightly soft. Bananas may be baked at 250 degrees farenheit for 15 minutes. Run cooked food through the blender or food processor, or grind small amounts in a baby food grinder. Use the cooking water, breastmilk or formula to make it smooth enough for your baby. As he gains experience, he will enjoy a little more texture to the food, but it should be very soft in the beginning. You may cook a large quantity and grind it, then freeze in ice cube trays or in "blobs" on waxed paper or foil. When frozen solid, put the chunks into a bag in the freezer. Warm just enough for one meal.

Strained baby meats are easiest if your little one still likes his food very smooth and soft. If he is a little older and likes more texture, you may use your own home cooked meats. Chicken and turkey, and various sorts of fish, are the easiest to prepare. Tiny shreds may be given without further grinding, or you can process as for vegetables.

COMMERCIAL BABY FOODS

Commercial baby foods may also be used. Read the labels carefully and choose only single ingredient foods. Avoid added starch and other ingredients. Do not buy baby "desserts". If only part of a jar is used, freeze the rest in the original jar to be used later. Microscopic mould grows in refrigerated leftovers long before "fuzz" appears on the food! Dehydrated baby foods may be used, but sometimes have preservatives and are known to have small amounts of moulds present. These would not be a good choice if your family has mould allergies of any sort.

When starting table foods, you may give sauteed or steamed foods, without seasoning. Cut foods into thin julienne strips, rather than chunks, to avoid choking. Raw vegetables are a

dangerous choking hazard, as are round slices of carrots, hot dogs and the like. Mash the foods with a fork as a transition between strained and table foods.

A FEW RULES TO KEEP IN MIND

1. Introduce only one new food per day.
2. Watch for "colds" or runny nose, coughing, sneezing, increased fussiness, diarrhea, rash, vomiting - and think of these symptoms in relation to the foods given that day and the day before.
3. Keep a "diet diary" listing the foods given each day and any symptoms noted. You will need these written notes if your baby reacts to a food and is to be given that food again after a few weeks.
4. Remember to rotate the foods! Any specific food is to be given only once every third or fourth day.
5. All foods should be cooked, as cooking changes the protein, making it easier to digest and less likely to cause sensitization.
6. Aim for three meals a day around nine to twelve months of age. Once the child is eating three solid meals a day, between meal snacks should be eliminated. Formula and juice should be used only as beverages with meals, and not as snacks.
7. Avoid until after the first birthday or later, orange, grapefruit, lemon, lime, eggs, ham, bacon and all processed lunch meats. (Deli turkey, roast beef and the like may be used if free of salts and preservatives.)
8. Avoid until after the second birthday or later, nuts and nut butters, seed butters, chocolate, cola, candy, spices (especially cinnamon), colorings, artificial flavorings.
9. Cow's milk - whole, skimmed or 2%, is NOT recommended for children under two years of age. After the first birthday, diluted formula may be used as a beverage and on cereal. Limit total to 16 to 24 ounces per day.
10. We encourage breastfeeding beyond a year of age.

* * * * *

[Thanks again to Del Stigler, M.D. and Kathleen Dolce, C.H.A. for sharing their knowledge with us. This is the last of a three part series of information sheets used in the Pediatrics and Clinical Allergy office of Dr. Stigler in Denver, Colorado. MMN]

HAVE YOU HAD AN ADVERSE REACTION TO SULFITES OR OTHER PRODUCTS?
If so, write to the Adverse Reaction Program, Product Related
Disease Division, Health Protection Branch, Ottawa, Ont. K1A 0L2.
If you don't tell the government, who will?

THE FISH AND GAME DIET

by Marjorie Fisher

[The Nutrition for Optimal Health Association, or NOHA, publishes a quarterly newsletter from P.O. Box 380, Winnetka, IL 60093, and its editor, Marjorie Fisher, is a long-time member of H.E.F. Marjorie has kindly sent copies of their publication (and others of interest to the ecologically ill) over the past year or two. In a recent letter, she wrote "we were inspired by the open publication policy of the Journal of Pesticide Reform and voted to give permission to republish articles from NOHA NEWS. After all, our whole purpose is education!" The articles that follow, and this one, are courtesy of Marjorie Fisher. BLESSINGS! MMN]

I have enjoyed the "rotation diet" since early in 1979. My personal name for it is the "Fish and Game Diet." The "Fish and Game Diet" is appealing. The game meats contain much less fat than the beef produced by agribusiness, and the small amount of fat in game meats is different, much more unsaturated, and even contains a little eicosapentanoic acid, a beneficial "omega-3" fatty acid found in fish. Structural fat is used in all our cell walls, and is needed especially for the brain.

Imagine yourself experimenting with new fruits and vegetables along with fish and game. My slogan is "Enjoy Nutritious Variety"! The rotation diet involves eating any one food only once in four days, and foods from the same biological family only every other day. The variety is quite astounding to the uninitiated. For "game" I choose many kinds of "exotic" meats: hippo, llama, kangaroo burgers as well as venison, buffalo and sometimes rabbit stew; beaver legs and wonderful Muscovy ducks. In regard to fish, I was much impressed by an article, "Use of Fish in the Rotary Diversified Diet" by Lawrence D. Dickey, M.D., in 'Very Basically Yours, An Allergy Cookbook', in which he emphasizes the tremendous variety of eatable fish. "There are almost twice as many different families of sea and fresh water fish that may be used as food as amphibian and land animals combined".

To me, bread is no longer "the staff of life". Looking back to when I first discovered our cultural axiom that grains are essential, I remember reading 'Sweet and Dangerous' by the English doctor, John Yudkin, about a dozen years ago. He wrote mainly about the dangers of overconsumption of sugar. However, what most impressed me was his mention that the cultivation of grains, and in fact all agriculture, is only a recent episode in the history of mankind. We are really adapted to eating wild game and fruit and vegetables that are gathered wild. Manufacturers have cashed in on our love of fruit by using cheap sweeteners in their processed foods, and take advantage of our love of meat flavor by imitating it in processed vegetable products.

My real awakening to the possibilities for change and variety in one's diet came when our son was tested for food sensitivities by Dr. Theron G. Randolph's environmental control unit at the American International Hospital in Zion, Illinois in 1977. It was a revelation to see the test meals of very large amounts of simply one food cooked in compatible water. There was never any question of not having enough at a meal. He could eat to satiety. I began to read the literature. Then in December, 1978, Dr. Randolph spoke for NOHA on "Food Addiction". I had never thought of using the rotation diet myself until Dr. Randolph's lecture convinced me to try it. I had incipient arthritis in my hands. I had always felt that my hands were strong. However, at that time I had suffered for a number of years from crippled hands. In the middle 1970's, I tried supplementing large amounts of vitamin B6 in addition to the other vitamins that I then took regularly. I was following the information given by a NOHA speaker, Dr. Ellis, who wrote 'Vitamin B6, The Doctor's Report'. In about a month I noticed improvement. However, in little less than a year the old pains returned in spite of the supplementation and a supposedly "excellent" diet that included lots of wheat germ, etc.

So much for my situation before January, 1979. From my reading in the field of clinical ecology I recalled that the symptom-producing foods for a particular person were often those they craved and/or those they disliked. In my case, I recalled that as a child I had not liked bread or even cake, so I decided to eliminate all grain and supplements from my diet, and started a "rotation diet". Gradually the pain in my thumbs subsided. I had a few very enlightening experiences when the pain returned after I'd eaten a slice of bread, and once I even got sharp pains in a foot as well as my thumbs - something that had not happened before! I continued to be very careful about grains. After avoiding them completely for over a year, I can now eat them at one, or occasionally two meals a week, spaced at least two days apart, with no symptoms at all!

While using the "rotation diet", I became very interested in new foods, and introduced lots of variety into my diet. As I mentioned, I've enjoyed all sorts of wild game as well as many varieties of fish in my "Fish and Game Diet". I've also had fun trying new kinds of vegetables and fruits. In the introduction to a recipe book, I found this statement by Dr. Randolph: "For most affected persons, recipes are not for day-in and day-out use". In other words, recipes which combine many different foods are only to be used occasionally "for birthdays and other special occasions". I was stimulated to write a little booklet, 'Enjoy Nutritious Variety: A Rotation Diet', which I gave to NOHA. For easy reference, it has the foods in their families and also indexed alphabetically, and it has actual examples of four day rotations eliminating different foods. I enjoyed taking these examples from my food diary. They include many simple meals, often not requiring cooking - especially the lunches, which could easily be taken to work. For vegetables at dinner, I would often choose a root vegetable and deep green vegetables all from the

same food family (e.g. carrots, celery and parsley) and have them both cooked in spring water and raw. This gives us variety in texture and nutrients all from the same family.

In NOHA's booklet, I extoll variety. Feel venturesome. Try game meats and fish you've never tried before. Experiment with fruits and vegetables that are new to you!

ENJOY NUTRITIOUS VARIETY ROTATION DIET may be purchased for \$1.50 (U.S.), including postage, handling and tax, from NOHA, P.O. Box 380, Winnetka, IL U.S.A. 60093.

* * * * *

[The preceding article an excerpt from the Fall 1986, Vol. XI, No. 4 edition of NOHA NEWS. The article that follows is from the Winter 1987, Vol. XII, No. 1 edition. "This publication is for information only and no part of its contents should be construed as diagnosis, prescription, recommendation, or endorsement by NOHA." KNOWLEDGE IS OUR GREATEST ALLY! WE ARE NOT ALONE! MMN]

SELF-ESTEEM: THE NUTRITION CONNECTION

by Shirley W. Kaplan, M.A.

To have self-esteem, to feel good about oneself, is a lifelong need and goal from infancy through old age. Its beginnings are reflected in the mutually pleasurable smile between mother and infant, as it is manifested in the 50-year old who has just mastered her new computer. Self-esteem is an essential nutrient, not only to function adequately, but with vigor and enthusiasm. Conversely, anyone with an emotional, behavior, or learning difficulty, has a related problem with self-esteem.

What are the sources of self-esteem? Self-esteem begins with our bodies. Since mind and body are one entity, the smooth, interrelated functioning of our body parts and brain chemistry provide the foundation for an inherent sense of wellness. Naturally, to add to this foundation, infants and children require consistent nurturing and love to build trust, security, and a sense of confident expectations. Throughout our adult life as well, we need varying degrees of feedback and support to experience pleasure and mastery over our bodies, emotions, and the world around us. A growing number of mental health professionals consider the main task of all developmental stages throughout the life span to be the maintenance of a cohesive sense of self, in tandem with appropriate self-esteem.

As a psychotherapist, I have been concerned with these issues for many years. However, since I discovered five years ago that I have food and chemical sensitivities, my understanding and approach both personally and professionally have been modified dramatically. My own learning and experiences put a high priority on investigating nutrition, chemicals, and the total environment, as well as emotional factors.

Personally, for example, I now know that wheat makes my brain functioning, mood and energy level take a nosedive; sugar makes me "hyper" and irritable, and so on. I recall several years before diagnosis when I felt extremely inadequate, helpless, and depressed when, for no apparent reason, I could not think or communicate clearly. How much more devastating for the child experiencing those feelings, possibly chronically, whose personality and sense of self are in the process of formation! We know that children who feel inner confusion and lack of control develop a variety of maladaptive behaviors in an effort to compensate for their inadequate feelings. These can range from clowning, aggression, to quietly giving up. In addition, parents' reactions to feeling helpless, frustrated, and angered by their child's behavior increases the vicious cycle. Adults are not immune from these reactions. In my experience, many people who become aware of food and chemical reactions as adults realize in retrospect that they have had undiagnosed lifelong symptoms. These were often subtle, but profoundly affected their feelings about themselves.

As concerned, aware adults, and in our role as parents, we can be on the lookout for clues and patterns in the total environment, ideally to prevent problems, or for some intervention if indicated. The child who acts up at mealtimes or at specific times in school is providing clues to pursue. I was amazed when a five-year old told me "I feel weird and get "bad" whenever he has the kindergarten treat, usually consisting of cookies. That kind of connection is not usually made so clearly for us. The bright college student failing freshman year was seen by the student health psychiatrist, who recommended antidepressant medication. However, on closer examination, she was dealing with not only emotional stress, but she was also having severe reactions to nightly 1 A.M. pizzas and an escalation of junk food. In these examples, as with the many others where the mind-body connection is not functioning properly, self-esteem is a central problem.

As the evidence of the connection between nutrition and psychological functioning increases constantly, NOHA provides a vital leadership role in educating us all about the far-reaching impact of nutrition on our total functioning. A 1985 'Newsweek' article was titled "The Food - Mood Link: New Studies Explore How Diet Affects Our Feelings". I would expand that title to "The Food - Mood - Self-Esteem Link".

* * * * *

OF HEREDITY AND ENVIRONMENT

PARENTING CHEMICALLY SENSITIVE CHILDREN

by Ken and Jan Nolley

[The following article appeared in the Summer 1986 edition of THE JOURNAL OF PESTICIDE REFORM, and is reprinted with permission.]

When we first got into the business of parenting, we assumed along with most members of our generation that the critical questions in human development had to do with balancing the scales between genetic and environmental influences. Like most good liberals of our day, we were inclined to respect the power of environment over genetic influence, and in any case we understood environment in predominantly social terms. Our training (as a social worker and an English professor) did nothing to undermine the certitudes of our youth or to refocus and redefine the challenge that parenting seemed to present.

Now, twelve years and two children later, we understand our task in radically different terms than we did then. Our training and advancing years have give us workable models of human nature that allow us to muddle through the mysteries of relating to our offspring about as efficiently as our friends seem to do. But what simply was not discussed in the society of our youth, what we had to learn on the job as it were, and what we are still struggling to learn is the extent and nature of the relationship between genetic endowment and the physical environment, and the effect of both of these areas on the social development of the child.

We are the parents of two occasionally charming, occasionally exasperating, very bright, and very chemically sensitive children. The charm and exasperation were expected, of course. The brightness they came with, and since both are adopted, we simply note it with wonder and humility. But we had never heard of chemical sensitivity. We didn't know how dizzyingly complex the chemical environment could be, much less that both the brightness and the charm of our children could be put at risk by that chemical environment. We now understand that the social qualities of our children that we value so much are mediated physically, through a given set of genetic possibilities and a physical environment over which we find ourselves struggling to exert some precarious measure of control.

Our first four years of parenting were reasonably predictable. Our first child had nearly constant ear infections during the winters we lived with oil and gas heat (and with coal fires for one winter in England). He didn't sleep very much, and he fought with children in his play group, especially after he had taken his pink, cherry-flavored antibiotics. But he was happy and alert. And if he was rambunctious and exhaustingly active, he was a boy, and raising boys was, well, like that.

(Note how respect for the genetic inheritance, even if chauvinistically misplaced, creeps into the lives even of dedicated social environmentalists.)

In the next year, though, things fell apart, and we began to realize that our notions of the challenge we faced had to be remodeled. Our second child quickly developed severe rashes over his entire body, rashes diagnosed as seborrheic dermatitis, of "no known cause, no known cure". Though our pediatrician was inclined to prescribe cortisone and wait, we discovered through trial and error that removing cow's milk from his diet helped. When we finally got to the point of substituting cotton clothes for the polyesters and acrylics of the modern nursery, and soap for detergent, his rash disappeared.

At the same time, we were observing a frightening decline in our older son, who was then four. His general activity had increased to the point that he was nearly unmanageable. His preschool teacher, trying to explain his aggression socially, wondered whether we were having marital difficulties. We weren't, but they began to seem discouragingly possible. His sleeplessness grew worse. He woke repeatedly at night, drenched with sweat and screaming from nightmares. The child who had been dry at night for two years began flooding his bed repeatedly every night. He became increasingly belligerent and unhappy. He complained of stomach aches and joint aches. Finally his stools turned milky white, a sign (we knew from earlier experience with hepatitis) of decreased liver functioning.

Our doctor seemed alternately sympathetic but puzzled, and vaguely skeptical. Meanwhile, our bafflement increased, and our fears mounted. If nothing was physically wrong with this child (and in spite of abundant evidence of our eyes and ears, our doctor assured us that nothing was wrong), then what in heaven's name could have gone so terribly wrong in four short years? We were desperate.

By chance, at this lowest point, we came across a brief newspaper article about the practice of a Chicago physician, Theron Randolph, who treated patients he had diagnosed as allergic to the chemical components of everything from pesticides to paints and plastics. In discussing what seemed at the time like a rather odd notion, we realized that our older son's dramatic disintegration coincided with the time he began sleeping on a plastic mattress and pillow cover prescribed for a dust allergy. Could it be that there was a connection between his problems and the mattress cover? The idea seemed about as plausible to us as voodoo, but at that stage of desperation, we would have bitten the heads off chickens if we had really believed it would help.

Chickens we didn't have, and they didn't seem implicated in this case, but the mattress cover was a variable we could alter. Though we feared for the mattress, given the nightly floods we were experiencing, we decided to remove the plastic covers, but

without informing our four year old. Still skeptical of physiological causes for our problems, we thought a blind test might be more accurate.

The first night without the covers produced no wet bed and no nightmares, a remarkable occurrence given its alarming rarity at the time. In three days, we were beginning to see a reincarnation of the charming, albeit rather active child we had known before. When we discussed it all with him a few days later, we learned to our further surprise, that he "smelled" things - that he had always taken it as a matter of course that lots of everyday things in the environment "smelled funny", as he put it. He could, for example, unerringly tell cotton sheets from polyester sheets (though he was too young to know the terms) with his nose. The polyester sheets were among the things that smelled funny. He was introducing us to an olfactory awareness of the world that he had always taken for granted, but which was completely new to us.

Armed with this alarming but exciting news, we revisited our pediatrician, expecting to be thrown out of his office. But we were fortunate. Traditionalist though he was, he gave some credence to what he had also read and heard of chemical sensitivity. ALLERGY, we learned, was a controversial term in this context, but he could grant the possibility of chemical sensitivity, and he referred us to Joseph Morgan in Coos Bay, a pediatric allergist who specializes in food and chemical sensitivities. A journey of discovery, the process of re-education, had begun.

That process has been a long and involved one, and it would be impossible to explain in the space we have here the impact it has had on our lives. We learned, most importantly, that major exposures to non-tolerated chemicals (like the four months our son spent on the mattress cover) can lead to a drastic spread of sensitivities, to an inability of a person's system to tolerate even chemical compounds and foods that otherwise seem benign. The result for our children has been a lifestyle constricted to an almost unbelievable degree. They cannot eat any food made by other people, for it invariably contains something to which they are sensitive. They cannot drink city water, for they react to the chlorine and fluoride it contains. They cannot tolerate the synthetics in normal blankets, pillows, and mattresses, and so must take their cotton cots and bedding along wherever they go.

School for them is largely a foreign environment, full of potentially devastating smells: perfumes, waxes, paints, glues, copying machines. The school administration, bedevilled by tight budgets, fearful of anything necessitating extra expense, and burdened with the traditional views of modern life, is skeptical and reluctant to make changes our children need. Travelling is a major logistical challenge, even for a very short trip. We did manage a trip to England for one summer, but we carried a Coleman chest full of food, all the children's cots and bedding, a water filter, and three gallons of honey with us in our luggage.

There is little prospect that our children will ever be completely free of these restrictions. Though the experience of others indicates that such sensitivities often improve in adolescence, it also suggests that those sensitivities do not disappear entirely, and they tend to recur in adulthood.

And life for the present for our children is a precarious business at best. Once, several years ago (and before we knew enough to be so cautious as we are now), our car was hit by the overspray of a cropduster spraying a phenoxy herbicide on a wheat field. Our older son, in second grade at the time, was first in the car nearly 24 hours later when he was driven to school. His reaction to that reasonably minimal exposure was dramatic and severe: copious and nearly continuous urination that lasted several hours, beginning with a humiliating and frightening loss of bladder control in class.

On another occasion, exposure to an insecticide used somewhere in the neighbourhood, the smell of which entered our open windows one hot summer night, triggered a series of seizure-like episodes, including one that involved loss of consciousness and voluntary muscle control. The implications of that incident were particularly frightening, since the usual medical treatment for seizure disorders is either dilantin or phenobarbital, both phenolic compounds, and his most severe sensitivity is to substances containing phenol.

As parents, we wonder now if we will be able to keep our children's environments clear enough so that they will be able to succeed in school at a level commensurate with their intellectual gifts. We wonder how to teach them to protect themselves from those things which make them sick without making them suspicious and alienated from life and society. We wonder how to give them the extra skills and strengths they need to take over the eventual management of their exceedingly complex lives. And occasionally we wonder how many other children like ours, either diagnosed or undiagnosed, are being created by the massive chemical saturation of the air we breathe, the water we drink, the food we eat, the clothes we wear.

One lesson we have been learning from our children is that our genetic inheritance does not give all of us equal abilities to detoxify the substances with which our society fills modern life. Another is that the damage done by a toxic exposure that overwhelms the sensitive system is devastating and perhaps irreversible. These lessons, taken together, invalidate most of the safety studies done to justify the use of toxic chemicals in various areas of our environment. They suggest that we need to take a closer look at the human cost of toxic chemicals in our society. And they entirely redefine the idea of environmentalism as it applies to parental responsibility from the purely social meaning it had for us twelve years ago.

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NEUROTOXICITY OF PESTICIDES

by Bambi Batts Young, Ph.D.

[The following excerpts are taken from the Summer 1986 edition of THE JOURNAL OF PESTICIDE REFORM. "Permission is granted to reproduce any information found in this publication", THANKS to the Northwest Coalition for Alternatives to Pesticides, Box 1393, Eugene, OR U.S.A. 97440, and NCAP member groups and other activists who have contributed to JPR. BLESS YOU FOR SHARING!]

FUNCTION OF NERVES THAT ARE STIMULATED BY ACETYLCHOLINE

EFFECT OF EXCESSIVE STIMULATION CAUSED BY CARBAMATE OR ORGANOPHOSPHATE PESTICIDES

Activate salivary, sweat,
tear glands

Increased salivation, sweating,
watering of eyes

Constrict bronchi

Tightness in chest, broncho-
spasms, difficulty breathing

Contract pupil of eye

Pin-point pupils, blurring of
vision

Control heart function

Abnormal heart beat, change
in blood pressure

Increase spasms in
digestive tract

Stomach cramps, nausea,
vomiting, diarrhea

Increase spasms in
urinary tract

Urinary frequency and
incontinence

Activate skeletal
muscles

Twitching, restlessness,
tremulousness, impaired coor-
dination, generalized muscle
weakness, paralysis

Alter brain function

Headache, giddiness, anxiety,
emotional instability,
lethargy, confusion, and
eventually severe central
nervous system depression and
coma

A very large proportion of all the pesticides used today are neurotoxic, and many are expressly designed to disrupt nerve function. While the intended target is the nervous system of insects, human nerves are similar enough to suffer substantial injury from these compounds. The neurotoxic disorders that pesticides produce in people run the gamut from subtle changes in brain waves and behavior to severe mental deterioration, uncontrollable tremor, and crippling nerve damage. Yet the limited safety tests that the U.S. [and Canadian] government

requires for pesticides today are geared toward detecting only the most blatant neurological effects. In the absence of adequate testing for insidious or slowly-developing neurobehavioral problems, it is impossible to make informed decisions about what exposure standards are sufficient for protecting public health.

CARBAMATES

Widely used carbamate pesticides include aldicarb (better known as Temik), carbaryl (Sevin), carbofuran (Furadan), methomyl (Lannate), and propoxur (Baygon). All operate by intensifying the effects of acetylcholine, a chemical that serves as a courier to relay impulses from one particular type of nerve cell to the next. Under ordinary circumstances, after the second nerve cell has received the incoming pulse, the acetylcholine courier is taken out of action by an enzyme called acetylcholinesterase (commonly referred to as cholinesterase). Carbamates interfere with this step by binding to and monopolizing the enzyme, so that the now-unattended acetylcholine continues to deliver its stimulant signals without allowing any time for the nerve to rest.

The resulting excess of nerve activity affects systems all over the body. For example, nerves that trigger the spasms necessary for normal function of the digestive tract cause cramps, nausea, and diarrhea when overexcited. Similarly, an increase in transmission through the nerves that control dilation of the eye can produce pinpoint pupils and visual problems. Too much stimulation of the nerve fibers that serve the muscles lead to twitching, restlessness, uncontrolled movements, weakness or paralysis. The effects of elevated acetylcholine activity in the brain include headache, lethargy, inability to concentrate, disorientation, coma, and convulsions.

Fortunately, the carbamates release their hold on the cholinesterase enzyme fairly quickly, and people usually recover from the poisoning within a matter of hours. However, a recent report raises the troubling question of whether carbamates might cause long-term disorders.

ORGANOPHOSPHATES

Some 40 percent of the pesticides registered in the U.S. are organophosphates, which have frequently produced episodes of human poisoning. The toxicity of this class of compounds is not especially surprising when one considers that some of the first organophosphates were developed as nerve gases for Nazi warfare. Examples of other organophosphates that have since found application as insecticides are chlorpyrifos (Dursban), demeton (Systox), diazinon (Diazitol), malathion (Malaspray), mevinphos (Phosdrin), and parathion (Paraphos). While these products are less potent than the related nerve gases, they can all cause neurotoxic disorders. The symptoms that appear shortly after excessive exposure are almost identical to the effects of

carbamate poisoning - as might be expected from the fact that both types of pesticides block cholinesterase. However, the inhibition lasts much longer when organophosphates are involved, so that weeks may pass before full function is restored.

Even after cholinesterase levels have returned to normal, some organophosphates continue to inflict damage by interfering with a second enzyme, known as neurotoxic esterase. Victims who are overexposed to such a pesticide begin to notice sensations of pain, tingling, and numbness in their legs and feet about one to three weeks following the initial contact. Shortly thereafter, their arms and legs are similarly affected. Increasing weakness and clumsiness make it difficult to walk, button a shirt, or hold a heavy object. Severe cases may result in lifelong paralysis.

Moreover, organophosphates may have subtle, delayed effects on brain function. Many poisoning victims have complained of persistent mental and behavioral problems, including speech defects, poor concentration, memory lapses, and emotional instability. In one study, researchers detected abnormal brain-wave patterns in workers as long as a year or more after their last organophosphate exposure. In another, investigators evaluating a group of 100 people poisoned by organophosphates an average of nine years earlier found a variety of defects in intellectual performance, manual coordination and speed, and social and emotional function. While these studies are not definitive, they do suggest the importance of more extensive neurobehavioral testing to gauge the long-term mental effects of organophosphates.

CHLORINATED HYDROCARBONS

Many of the best-known chlorinated hydrocarbon pesticides, including DDT, aldrin, dieldrin, endrin, mirex, and chlordane (Kepone), have been banned or severely restricted for use in this country. But others, such as dicofol (Kelthane) and chlordane (Octachlor) are still allowed.

At high enough doses, any chlorinated hydrocarbon pesticide can increase nerve activity, producing tremor or twitching, coordination problems, anxiety, and hyperexcitability. Many of these compounds may also cause convulsions. Children may be particularly sensitive to brain and nerve damage from such poisoning, since a number of children who developed convulsions as the result of chlorinated hydrocarbon exposure have since suffered from long-term behavioral and learning disabilities.

MISCELLANEOUS PESTICIDES

While the three groups described above are the most notorious for their harmful effects on the nervous system, many additional pesticides also have neurotoxic potential. The fumigant methyl bromide can cause outright psychotic behavior following overexposure, and appears to be responsible for subtle mental impairments in workers who encounter levels well below the

federal safety limit. Other fumigants consist of solvents, such as carbon disulfide, that have long been known to disrupt brain function. Some dithiocarbamate fungicides and herbicides seem likely to have comparable effects, at least in part because they break down to carbon disulfide. The wood preservative pentachlorophenol has been linked to lethargy, recurring memory loss, insomnia, difficulty concentrating, and pain and weakness of the arms and legs in exposed workers. Still further examples of pesticides that can interfere with nerve activity and behavior include dioxin-contaminated products, e.g., 2,4,5-T, and products made from mercury, lead, or similar toxic metals.

With neurotoxic properties showing up in so many different kinds of compounds, it is clear that pesticides should be routinely tested for a wide spectrum of neurological and behavioral effects, from short-term tremor and visual problems to long-term movement impairment and insidious mental deterioration.

The lack of requirements for neurobehavioral testing has had predictable consequences. In a 1984 report, the National Academy of Sciences (NAS) found that 67 percent of the pesticide ingredients sampled had not been examined at all for neurobehavioral toxicity, and of the remaining 33 percent, none had been tested adequately. The NAS concluded that screening for neurobehavioral effects was the highest-priority testing need for both active and inert components of pesticides.

The NAS has outlined protocols for evaluating neurological and behavioral abnormalities caused by pesticides and other chemicals. It recommends a two-part strategy. First, investigators should carefully look for any signs of visible brain damage in brain and nerve tissues from animals exposed to the suspect substance. Even inspection under the most powerful microscope, however, will miss many defects, since neurotoxic substances will not alter the structure but the activity of nerves, interfering with transmission rates or sub-microscopic chemical reactions. It is for this reason that it is important to conduct a second type of study that assesses the behavior of exposed animals as a way of measuring the nervous system's overall ability to function.

Animal behavior tests are a well-established tool for measuring the effects of drugs on mental state and behavior. Recent research shows that many such chemicals are likely to be neurotoxic in people. In fact, both the NAS and the World Health Organization (WHO) endorse the use of behavioral tests in animals as a routine part of the safety evaluation for all potentially hazardous chemicals.

In order to establish a flexible and cost-effective behavioral-toxicity system, WHO advises that the first step in the process should consist of simple, relatively general tests. A "functional observational battery", for instance, requires minimal equipment; indeed, it need involve little more than a

check-list or rating scale and a skilled laboratory observer to record systematically whether a test animal shows any obvious signs of tremor, convulsions, bizarre behaviors such as compulsive biting or self-mutilation, or changes in such attributes as sight, hearing, coordination, or manner of standing or walking. Another recommended first-line test would use a cage or maze equipped with photocells to measure the animal's level of motor activity.

Chemicals flagged as potentially neurotoxic through these screening studies should then be investigated further with specific tests tailored to fit the types of problems observed. For example, if the screening indicated that a given chemical caused leg weakness and reduced activity, then more sensitive tests of motor function would be called for. Other secondary tests could evaluate abnormalities in sensory function, memory and learning abilities, response to operant conditioning, eating behavior, and social interactions.

In an upcoming publication [World Health Organization, 1986, PRINCIPLES AND METHODS IN NEUROTOXICOLOGY], the WHO cites a wealth of methodology for both screening and secondary tests. Detailed protocols for many of these procedures are also available from the Environmental Protection Agency's Office of Toxic Substances. Scientists around the world are reaching an unprecedented consensus on the critical need for applying such methods. It is time that the Office of Pesticide Programs recognized these advances and upgraded its guidelines to require a broad range of neurobehavioral tests as a top priority.

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Bambi Batts Young, Ph.D., is a biochemist and Director of the Environment and Behavior program at the Center for Science in the Public Interest, 1501 16th Street N.W., Washington, DC U.S.A. 20036. For the past six years, she and her staff have been investigating environmental substances that are dangerous primarily because they are neurotoxic. Her book on the subject is to be published by Random House.

[We are extremely grateful for the reprint policy of THE JOURNAL OF PESTICIDE REFORM, both for the preceding article, and 'Parenting Chemically Sensitive Children', which also appears in this edition of the Quarterly. Again, thanks to Marjorie Fisher for helping to keep your faithful editor up-to-date and informed. We will surely feature NOHA and JPR articles in upcoming Quarterlies. For additional information regarding the effects of pesticides on the nervous and endocrine systems, refer to the June 1986 edition of the H.E.F. Quarterly, Vol. VIII, No. 2: 'An Introduction to Organophosphate Pesticides' by Douglas T. Steinke, B.Sc. Pharm., and 'Neuroendocrinology for Beginners' by Mary Merlin Nelson. REMEMBER: KNOWLEDGE CONFERS POWER! MMN]

REPORT OF THE ADVISORY PANEL ON ENVIRONMENTAL HYPERSENSITIVITY
AKA THE ZIMMERMAN REPORT

[On September 8, 1986, the Advisory Panel established by the Ontario Ministry of Health to study the report of the Ad Hoc Committee on Environmental Hypersensitivity Disorders (also known as THE THOMSON REPORT) submitted their commentary and further recommendations. The Advisory Panel, under Chairman Barry Zimmerman, M.D., F.R.C.P.(C), "concluded that there was not enough information on what constitutes environmental hypersensitivity (E/H) and indicated more research was necessary to establish the correct medical facts". The Thomson Committee Report was reviewed in our March 1986 and June 1986 editions. The following excerpts are taken from the subsequent report and covering letter submitted by Dr. Zimmerman's Advisory Panel in response to the Thomson Report. We invite your comments. MMN]

The Advisory Panel recognized that the concern of the public, both lay and professional, is growing rapidly with respect to a series of disorders for which the causes in some instances are alleged to be environmental in nature. The medical profession, and particularly the medical academic community, is divided over the definition of E/H, its causes and its cures. The recommendations of the Advisory Panel are structured around a scientific approach to a clearer identification of the nature and causes of E/H through establishment of a funding mechanism which would promote basic research on a contract basis. Additionally, the Advisory Panel recommends the establishment of a lay committee to review admissions to a U.S. treatment facility. With time, a professional component could be added to the lay committee towards assessing the appropriateness of referrals.

The Advisory Panel reviewed the definition of E/H, and gave consideration to the evidence that could support the postulate that environmental agents could create the symptoms grouped under E/H. Unfortunately, the evidence is at present either inconclusive or fragmentary. The Advisory Panel decided that the initial effort should be directed toward scientific investigation of these conditions within Ontario before attempting to establish a major treatment facility using current diagnostic and therapeutic modalities.

The Thomson report attempts to distinguish between a humane response to a socio-economic problem disabling individuals in our society, and a strictly scientific response. The final chapter of the Thomson report (Chapter 8) summarizes what might be termed the "Canadian view of social services" on p.255. "Committee members believe that it is important to recognize that the on-going debate about the etiology of the disorder has obscured the fact that there are a number of persons who are ill, whose condition has not been recognized and who are being poorly served, particularly in their need for support services, because of the existing controversy about the validity of environmental hypersensitivity as a diagnosis." The Advisory Panel recognizes

the problem with taking a strictly scientific approach to a social problem. It is suggested that, because medical doctors might find themselves compromised by lending support to scientifically invalid or unproven diagnostic tests and therapies, a lay panel be constituted towards examining these questions. From a strictly scientific point of view, it seems difficult to justify the use of limited resources towards tests and therapies that are unproven - that statement is made in a general context applying to both "orthodox" and "unorthodox" medicine. The Thomson report lists several hypotheses for E/H that could be studied scientifically including:

- (1) "that some people are genetically predisposed to greater sensitivity to environmental substances,
- (2) that the immune system can become compromised after a viral infection (This is a hypothesis that really stems from current research in "orthodox" medicine. There is no question but that such effects occur, e.g. AIDS, but questions remain about the identification of patients whose immune system has been compromised when the illness is less catastrophic than AIDS.),
- (3) that immune complexes involving different immunoglobulin classes cause pathology, and
- (4) that there is a feedback loop between the central nervous system, particularly the brain, and the immune system."

The Advisory Panel strongly agrees that such hypotheses could be subjected to proper scientific examination and further that inquisitive minds, trained in the techniques of science, could ask and investigate many valid and imaginative questions concerning the interaction between environment and human biology.

The Panel disagrees, in part, with two important suggestions made by the Thomson report. The first has to do with the validity of anecdotal reports. Case reports are the weakest form of medical evidence despite the "sheer volume". Case reports can be used to formulate hypotheses, but for various reasons related to scientific method, they provide the weakest evidence towards cause and effect, which require properly controlled epidemiologic data. The methodology for case-control, cohort or randomized blind trials have been well described. Such studies do not yet exist in the clinical ecology literature and therefore the definition of E/H is not scientifically valid. Moreover, the Panel believes that acceptance of this definition as more than a hypothesis arising from the case reports could seriously deter qualified scientists from exploring this problem, and epidemiologists from designing more appropriate studies of such patients toward proving cause and effect. Properly designed epidemiologic studies need to be done to establish prevalence and test cause and effect relationships. The fact that such research is not being done is a failure within the "orthodox" medical system that leaves a lacuna to be filled by inappropriate and perhaps harmful speculation.

The recommendations of the Advisory Panel may be summarized as follows:

(1) A funding allocation would provide implicit recognition that there is likely to be a credible scientific basis for some of the diseases presently grouped under the heading of E/H. However, at the present time, the scientific support for the mechanisms that have been proposed to underlay the wide variety of dysfunctions are at best hypothetical. Before accurate diagnosis and new therapies will be possible for those conditions which do result from environmental insults, there is urgent need for well designed fundamental and clinical research studies. This research should take place within the structure of an existing agency with an established scientific reputation.

(2) The Advisory Panel believes it to be premature to embark on an in-patient facility at this time, at least under the guidelines suggested in the Ad Hoc Committee report, where it was recommended that three years of support be provided and then research grants would form the basis for support of such a unit. It is the considered opinion of this Advisory Panel, with considerable practical experience in development of research units and university/hospital departments, that it is highly unlikely that such an in-patient facility would have reached maturity in three years time and would become self-supporting through a research grant base. An alternative approach would lay the ground-work for future establishment of a clinical facility with associated research capacity. The successful development of productive research at several universities through the research funding program, and the clarification of the epidemiologic aspects of E/H, would promote interest in the development of an in-patient facility in a university setting.

Recognizing that the need to send patients to specialized facilities in the United States will continue, and given the difficulty of evaluating the efficacy of these centres, the Advisory Panel concluded that all patients being considered for admission to these U.S. facilities should eventually be referred through an assessment process. Gradually, as research establishes the nature of this illness, the lay committee could add a professional component and assume responsibility for recommending referral of the patients onward. Since the scientific basis for the diagnostic tests and treatments recommended by clinical ecologists remains unproven at present, the Advisory Panel agrees with the suggestion made in the Thomson report that research must be done, but that it would be more appropriate for social agencies to be used to provide support for people who are incapacitated while this research is being done.

The Advisory Panel considered each of the thirty recommendations of the Ad Hoc Committee, and provided the following commentary - in several instances the recommendations are grouped since they deal with related subjects. A precis of each is provided in quotation marks, followed by a commentary from the Advisory Panel.

Recommendations 1 and 2 - "These recommendations propose further restriction of smoking in public places and the labelling of food chemicals and drugs as to contents."

Comment - The Advisory Panel strongly supports these recommendations, and believes that this process should be accelerated, since public acceptance of the availability of additional information would be high.

Recommendation 3 - "Recommends that research be undertaken to establish the prevalence of E/H, and if the tests and treatments by clinical ecologists are demonstrably useful."

Comment - The Advisory Panel supports this, and suggests implementation through clinical research on a contract basis.

Recommendation 4 - "A survey should be undertaken, with the co-operation of these Ontario physicians who are members of the Society for Clinical Ecology and Environmental Medicine, to estimate the prevalence of E/H."

Comment - The Advisory Panel generally concurs with this, with the proviso that the Thomson report definition of E/H requires significant clarification before being used as a basis for estimating the prevalence. This definition is imprecise enough that it will allow inclusion of many well known and defined multi-system disorders.

Recommendation 5 - "Research should include evaluations and random controlled clinical trials of existing and prospective diagnostic testing procedures by clinical ecologists."

Comment - The Advisory Panel strongly agrees with the need for scientific evaluation of the existing and prospective diagnostic testing procedures employed by clinical ecologists. We have suggested that contract research is the best mechanism for stimulating such research.

Recommendation 6 - "Research to be carried out in a multi-disciplinary investigative and therapeutic environmental unit, with funding for three years, followed by self-sustaining grants obtained in open competition."

Comment - The view of the Advisory Panel is that research should be carried out on a contract basis, and that a clear distinction between "investigation" and "therapy" is necessary both scientifically and fiscally - in the latter instance, research money cannot support clinical treatment.

Recommendations 7, 8, 9 and 10 - "The funding of tests and treatments - these four recommendations generally provide for initial or continued financial support for funding for a number of diagnostic tests and a fee schedule for the preparation of patient histories and counselling. Also included in this group of recommendations were a series of statements supporting the

need for additional public funding for certain diagnostic and therapeutic techniques."

Comment - The Advisory Panel concluded that these four recommendations, which centre on providing funding for diagnosis and treatment, should be approached with caution. Prior to changing the OHIP fee structure, appropriate research needs to be done validating the usefulness of any tests employed in the diagnosis and treatment of E/H. The Advisory Panel recommends the establishment of a lay assessment committee, and that funding initially be obtained through the Ministries of Community and Social Services, and Housing. Once the concepts of clinical ecology have been scientifically validated, a review of the OHIP fee schedule should occur to recognize valid therapies. Certain procedures are not to be considered for inclusion in the overall funding, even under special consideration. The techniques covered in recommendation #10 included blood tests for Candida, Vega II machines, cytotoxic tests, and hair analysis.

Recommendation 11 - "Avoidance techniques and the prescription of nutritionally safe diets were dealt with in this recommendation, which gave limited and qualified support to the employment of these techniques and by implication to their funding."

Comment - The Advisory Panel concluded that there was not an adequate scientific base in most conditions to determine which factors should be avoided, or alternatively which factors influence the onset of E/H [and] was strongly of the opinion that additional research was necessary before supporting recommendation 11.

Recommendation 12 - "Vitamin and mineral supplements and uncontaminated food and water should not be included as insured health services."

Comment - The Advisory Panel concurred with this recommendation.

Recommendation 13 - "Nystatin should be financially supported when prescribed for proven Candida infections."

Comment - The Advisory Panel concurred with this, since the prescription of nystatin is part of current medical practice.

Recommendation 14 - "The Thomson report does not recommend that the use of sublingual neutralization and intradermal neutralization be approved at this time as insured health services."

Comment - The Advisory Panel concurred.

Recommendation 15 - "The Thomson report does not recommend that the use of ketoconazole, transfer factor and vitamin C injections be supported at this time as insured health services."

Comment - The Advisory Panel concurred.

Recommendations 16 and 17 - "These two recommendations dealt with materials - extracts in particular - and indicated that they should be obtained from third party sources. The cost per test and the maximum number of tests per year should be established."

Comment - The Advisory Panel concurred.

Recommendations 18, 19, and 20 - "Provide for public education with respect to E/H through the public health system, by medical officers of health and by physicians, together with a program of continuing education."

Comment - The Advisory Panel feels that these recommendations could be adequately handled by the lay committee and by publicizing the results of research undertaken, once the investigation of the condition proceeds to the point where validity is established.

Recommendation 21 - "All basic social assistance programs should be reviewed to ensure recognition of how disabled some patients are."

Comment - Given the fact that the scientific evidence is not yet sufficiently developed, it would be appropriate that social assistance programs review their criteria and capacity to respond to this need as suggested by the Thomson report. It would be most useful if this review process took place within existing frameworks, but led to a uniform set of support criteria.

Recommendation 22 - "Because administrators of social assistance programs have wide discretion, the environmental unit should provide expert assistance to appeal bodies such as the Social Assistance Review Board, and to those groups, such as the Community and Social Services Medical Advisory Board, that provide appeal bodies with expert advice."

Comment - In our responses to the preceding recommendation, we emphasized the need for a uniform and fair set of criteria in assessing needs. The lay committee can provide unbiased assistance to the social agencies specified.

Recommendation 23 - "Physicians must have current information about E/H, and must be willing to assess the patient's condition, irrespective of any diagnosis attached to it."

Comment - If and when mechanisms underlying these problems become apparent through research, then this information should be widely disseminated and the lay committee could be helpful in this regard.

Recommendation 24 - "Private insurers need to be encouraged to take the same approach in situations where there is a clear disability but some debate as to causation."

Comment - When research clarifies the nature and causes of this illness, then the private insurers must be encouraged to re-evaluate their position and respond to the need.

Recommendation 25 - "At least a portion of the costs associated with special diets and prescribed vitamin and mineral supplements should be claimable through existing food supplement programs and drug plans, under appropriate controls to avoid open-ended support."

Comment - When sufficient evidence has accumulated to support the usefulness of such treatments, then food supplement programs and drug plans can be modified, with appropriate criteria for eligibility.

Recommendation 26 - "In cases of genuine financial need (i.e. people receiving social assistance), rent supplements should be available for those seeking to make modest environmental changes."

Comment - Where the request fits within the scope of existing programs, consideration should be given to rent supplements or discretionary payments. Since we do not envisage that research grants would bear the costs of diagnosis, testing and treatment, the true costs of such support should be gathered by the lay committee.

Recommendation 27 - "We recommend that the environmental unit collaborate with and assist those involved in the development of special housing programs."

Comment - Given our recommendation that it is premature to consider establishing an environmental unit, especially one to be funded through research grants, we would suggest instead that the lay committee participate actively in the consideration of special housing programs.

Recommendation 28 - "The establishment of an inter-disciplinary conference to discuss this report and its recommendations."

Comment - In the view of the Advisory Panel, the wide-spread distribution of the results of research would be one of the responsibilities of the lay committee, whose role would be that of stimulating an informed and qualified debate with respect to this controversial subject.

Recommendation 29 - "That the OMA consider establishing an environmental health sub-section to bring together the practitioners interested in this field."

Comment - The Ontario Medical Association is beyond the sphere of influence of the Advisory Panel. When research clarifies the nature and causes of this illness, then the OMA must be encouraged to re-evaluate their position and respond to the need.

Recommendation 30 - "The Thomson report recommends that the environmental unit develop recommendations for curriculum review committees, regarding possible curriculum changes in medical schools, to ensure that issues relating to environmental illness are part of medical education."

Comment - The Advisory Panel is of the view that basic research is necessary, establishing more clearly the nature and causes of environmental hypersensitivity. When this has been accomplished, changes in medical school curriculum will follow naturally.

* * * * *

SOMETHING TO THINK ABOUT

[The following excerpts were taken from the November 15, 1985 (Vol. 133) edition of the Canadian Medical Association Journal (CMAJ) and may help to keep the preceding report in perspective.]

In this issue of CMAJ, Stewart and Raskin present their experience with a series of adult patients in whom 20th-century disease was diagnosed. They conclude that treatable and well defined psychiatric illnesses are being exacerbated by the restrictions on lifestyle recommended by ecologists. In contrast, the patients often feel that the psychiatric diagnoses made by "orthodox" physicians represent a punishment resulting from the doctors' inability to properly define and deal with the patients' difficult problems. Moreover, although the patients' symptoms are extremely variable, the diagnosis of total environmental sensitivity due to Candida-induced illness has become fashionable among ecologists, although no controlled study has been performed to document the validity of this concept or the treatments used.

Despite the claims that the treatments are natural and therefore not really "drugs", we regard all of the preparations administered as medications. We strongly feel that the efficacy of the medications, and validity of the testing procedures and the therapeutic protocols should be subjected to the rigorous scrutiny of double-blind testing. We are concerned that the defence of the ecologists has been to accuse traditional practitioners of being close-minded while they themselves deny the worth of blind controlled testing.

Although we do not profess to understand the mechanisms of the symptoms that constitute 20th-century disease, and while we fully subscribe to the view presented by Stewart and Raskin that our environment is being polluted by a host of chemicals and toxins, whether sensitivities to these pollutants can develop in adults remains to be proven. We strongly feel that patients with symptoms of 20th-century disease should be investigated in a rigorous, unbiased fashion.

CANDIDA AND "20TH-CENTURY DISEASE" by Barry Zimmerman, MD, FRCPC and Elizabeth Weber, MD, FRCPC - pages 965 and 966. On pages 1001 to 1006, Stewart and Raskin continue (excerpts follow).

A newly described condition in which the patient claims to be hypersensitive to his or her environment, particularly synthetic items, is known as "20th-century disease" or "total allergy syndrome". Mild cases are characterized by a variety of psychologic and physical symptoms, such as depression, fatigue, irritability, poor concentration, migraine, and bowel and respiratory problems. In severe cases the patient feels incapable of living in the modern world, perceiving that he or she is having allergic and life-threatening reactions to many substances, including clothing, furniture, construction materials, food, water and even the air.

Although the lay press frequently carries articles about the plight of patients suffering from 20th-century disease, and although the Ontario Ministry of Health has an ad hoc committee on hypersensitivities to the environment, there is little scientific literature about the subject. Many in the medical profession are sceptical about the existence of the disease and are frustrated and uncertain about how to manage the patients.

Many of the symptoms of 20th-century disease are characteristic of psychiatric disorders, but the patients resist psychiatric referral or treatment. Nevertheless, a group of patients purportedly suffering from 20th-century disease was seen for psychiatric consultation, and all of them were found to be suffering from a recognizable psychiatric disorder.

Our patients, frustrated by having symptoms but no diagnosis, turned to clinical ecologists, who diagnosed 20th-century disease. These medical practitioners stress environment as a cause of illness; their practice is based on many theories, including the belief that in low doses various substances usually considered nontoxic to most of the population can interact with one another to produce illness in susceptible individuals. These theories have not been accepted by conventional medicine, as they are based on studies whose methods and validity are questionable.

Psychiatric disorders were found in all 18 patients with 20th-century disease referred to our psychiatric consultation service. This suggests that psychiatric diagnoses as well as medical ones should be considered when patients have multiple ill-defined symptoms in the presence of normal clinical and laboratory findings. If a psychiatric diagnosis is made, appropriate referral or treatment should be instituted early to avoid reinforcement of symptoms and disability. Effective treatment of patients requires recognition of psychologic conflict in the genesis of their symptoms, along with management by one physician (often the family doctor) who can assist them in connecting the physical symptoms with psychologic stress, thus protecting them from repeated and unfruitful investigations and quests for exotic explanations for the symptoms. It is important that patients with a wide range of diagnosable and treatable psychiatric conditions not receive a misdiagnosis of 20th-century disease and thereby embark on a prolonged, socially isolating, expensive and often harmful course of ecologic treatment that reinforces their invalidism.

PSYCHIATRIC ASSESSMENT OF PATIENTS WITH "20TH-CENTURY DISEASE" by
Donna Eileen Stewart, MD, D Psych, FRCPC and Joel Raskin, MD

ECOLOGICAL ILLNESS LAW REPORT

by Earon S. Davis, J.D., M.P.H.

CMA ADMITS CLINICAL ECOLOGISTS MAY BE RIGHT
(EILR Issue 4/5, Volume IV, 1986-87)

When I received the California Medical Association's paper entitled "Clinical Ecology: A Critical Appraisal (Western Journal of Medicine, February 1986, p. 239), I was expecting just another attack on environmental physicians. In general, I was not disappointed. The CMA brushed aside the literature and other evidence cited by environmental physicians and insisted that the only validation of Clinical Ecology could be if they identify one, specific, recognizable (to whom?) disease caused by low-level environmental stressors which affects all environmental patients. Do you get the feeling that these folks would have gotten along very well in the Spanish Inquisition?

To the credit of the CMA committee, however, they did call for more adequate scientific studies to prove or disprove the value of clinical ecology tests and treatments. However, they do not seem to be swayed by the fact that hundreds of thousands of people are sick out there, and getting worse. The CMA committee is evaluating Clinical Ecology as the problem; the patients are merely pawns.

But, not to worry. In their next to last paragraph, the CMA makes the following casual statements: "Undoubtedly, some patients suffer from illnesses that cannot be readily diagnosed and for which only supportive treatment exists. IT MAY EVEN BE TRUE THAT SOME OR ALL OR THE HYPOTHESES AND TREATMENTS PROPOSED BY CLINICAL ECOLOGISTS ARE VALID (emphasis by EILR) but we found no evidence to support them." No evidence? What an odd combination of thoughts. The CMA finishes reviewing volumes of evidence furnished by environmental physicians and others and they found absolutely nothing to support these hypotheses, which may be valid. Not one shred of evidence?

So, there you have it. The CMA's position paper boils down to this: Clinical Ecologists don't know what they are talking about, but they may well be correct. Of course, this also means that the CMA doesn't know what it is talking about, but the CMA is not under investigation here, is it? Perhaps it is.

* * * * *

[THANKS to Earon Davis for allowing us to reprint excerpts from his enlightening, independent news-journal. EILR addresses the legal aspects of "Ecological Illness", and is published quarterly. E.I. patients can subscribe to the Law Report at half the regular rate of \$30.00 per volume/year, or a mere \$15.00 U.S., by writing to P.O. Box 1796, Evanston, IL, U.S.A. 60204. Dr. Davis is renowned as an advocate for the ecologically ill, and a writer of Letters To The Editor. Many are published, but a recent one was not. You'll discover why on the following pages.]

A DIALOGUE BETWEEN EARON DAVIS AND THE MAYO CLINIC HEALTH LETTER

Background: CAN YOU BECOME ALLERGIC TO THE 20TH CENTURY? This question was posed by the Mayo Clinic Health Letter of September 1986. The following excerpts will indicate both the content and the intent of the article which appeared on pages 7 and 8.

Most of us enjoy good health in spite of exposure to chemicals whose very names sound intimidating. We depend on the government to monitor use of chemicals and ensure a safe, reasonably healthy environment. We take precautions to avoid unnecessary exposure to chemicals. Some people are not so fortunate. They are ill, and they believe the entire 20th century is to blame. These individuals often insist that they are allergic to virtually everything in our modern environment. Their symptoms are genuine, but allergy is not the cause. Most often their problem is emotional turmoil.

Patients receive the false diagnosis of allergy from a group of physicians at the fringe of orthodox medicine. These "clinical ecologists" use a variety of tests. Some of the tests are valid and others are not. In fact, there are few proven data about this problem. "Total allergy syndrome" has not been precisely defined, and doctors even disagree about the number of people who are affected by it. But despite this ambiguity, clinical ecologists prescribe treatments that are costly and disruptive to a patient's life. The treatments also can result in marked disability. Nothing seems to relieve the symptoms permanently. There is no evidence that a person can become truly allergic to the entire lifestyle and environment of our times.

We must emphasize that allergies are not the source of this problem. A careful evaluation can reveal any physical illness. Most of these patients would benefit from treatment for emotional stress. Effective treatments are available. But most patients refuse the help. They cling to a program of "allergy therapy" that is unscientific, expensive and potentially harmful. Ironically, by shunning the 20th century, these patients deny themselves the benefits of modern psychiatry, that could help them the most.

* * * * *

FROM: EARON S. DAVIS, J.D., M.P.H.
Editor and Publisher ECOLOGICAL ILLNESS LAW REPORT

TO: EDITOR
MAYO CLINIC HEALTH LETTER

Dear Editor:

I read your article "Can You Become Allergic to the 20th Century?" and would like to offer a brief response. First of all, I don't believe that you even attempted an objective assessment of the "problem". No one really claims to be "allergic" to the 20th Century, but rather to have suffered acute or chronic immune system damage from thousands of toxic

substances to which we are each exposed daily in amounts which vary from minute to quite substantial. In fact, the U.S. General Accounting Office has stated that we have no idea what the long term consequences of non-agricultural pesticide use may be. The National Academy of Sciences has likewise issued a devastating report concluding that our government has no idea what the chronic health effects of tens of thousands of common substances in industry may be.

Your article characterizes "clinical ecologists" as the "fringe" of medicine and thus misrepresents the tremendous support within the entire medical community for a better understanding of the mechanisms of chronic immune system dysregulation, neurotoxicity, psychoneuroimmunology, etc. You fail to recognize that there is a well organized medical society, the American Academy of Environmental Medicine, which is devoted to the evaluation of clinical ecology methods and practices, and which does not approve of many of the practices which traditional physicians ascribe to "clinical ecologists". Even the traditional, peer reviewed journals have seen fit to print articles by "clinical ecologists", although the politics of the situation have reduced the flow to a trickle.

Instead of reporting on a bona fide area of concern within the medical community, you have presented a "political" diagnosis given to chemical sensitivities by old timers in the medical community who routinely dismiss all symptoms they don't understand as "psychosomatic", especially when the other practitioners pose an economic threat to their practices. Nobody finds it rewarding to treat a patient you just can't help. And, in fact, numerous patients with chemical sensitivities have received complete work-ups at major medical centers, including the Mayo Clinic, only to be told "There is something wrong with you, but we don't know what it is, and we don't know how to help you."

Your article emphasizes that "allergies are not the source of this problem". If you take the narrow definition of "allergy" and confine it to certain biological mechanisms, then you are correct. However, what sense does it make to simply define away a problem. You state that these types of illnesses are not allergies, in the technical sense, but what difference does it make what we call them. In fact, a committee of the Ontario Ministry of Health (Canada) has stated that "Environmental Hypersensitivity Disorder" does exist and that it is not a psychosomatic illness. In addition, numerous judges and juries have found evidence of chemical sensitivities to be quite competent and correct.

As much as I disagree with your analysis in this article, I do thank you for addressing it. A dialogue is much needed in this controversial and somewhat "murky" area. However, your clear implication that the victims of this type of disorder are actually suffering from psychological distress, rather than from an organic disorder is most unfair and reprehensible. I have

worked with hundreds of individuals with this affliction and can state that the vast majority would give anything to resume a normal, healthy, non-reclusive lifestyle.

Of course, many of these victims do suffer from emotional distress. How would you feel if you had an illness which required you to take precautions against even minute chemical exposures. Wouldn't that make you appear "obsessive"? Wouldn't it cause distress when people who don't know beans about your condition offer their opinion that it is "all in your head"? Asthmatics were told this for centuries, as were many, many other victims of not-yet-fully-recognized illnesses.

The plain truth is that we don't know very much about the chronic effects of chemical exposures on our immune systems. If you disagree with those you characterize as "clinical ecologists" then you are obliged to take two actions: First, push for additional research to truly test the biological effects of chemicals, and for research to fully and fairly test the clinical observations and conclusions of the most highly respected and experienced "clinical ecologists". Second, you are obliged to admit the ignorance of our medical community and to work with those posing new solutions to emerging illnesses which are not helped by "traditional" cures. To simply "dump" those with little understood illnesses on psychiatrists is unfair to both the victim and to the psychiatrist (although this is not at all unusual).

To continue on your current path is irresponsible in several ways. You are encouraging physicians with archaic perspectives to continue to fight physicians they should be working with. You are also encouraging insurance companies and governmental agencies to refuse to recognize the benefits which some of the unconventional treatments may confer upon otherwise hopeless and intractable patients. In short, it is irresponsible to pretend to have the answers when you do not. Just think of how you would feel upon reading your article if you were one of the environmental victims, disabled, stressed, and doing your darnedest to return to a full, productive life (and perhaps you are even undergoing psychotherapy - but it doesn't cure your sensitivities). It is like telling someone in a wheel chair to just get up and walk - your disability is all in your head.
(signed) EARON S. DAVIS, J.D., M.P.H. November 2, 1986

Dear Mr. Davis:

I appreciated receiving your recent letter and the accompanying published material. Obviously, there is wide disagreement regarding the topic of clinical ecology. We have promised our subscribers to give them Mayo's point of view on health matters. The article published in the Mayo Clinic Health Letter did exactly that. We do not expect others to necessarily agree with this opinion.

(signed) J. M. Kiely, M.D. Medical Editor November 5, 1986

[BRAVO, Earon Davis! Now we know where Mayo Clinic stands. MMN]

LEGAL ASSOCIATION BACKS E.I. VICTIMS

The Consumer and Victims Coalition Committee of the Association of Trial Lawyers of America (ATLA) has adopted a resolution supporting E.I. victims. ATLA is the largest organization representing plaintiff's lawyers in the U.S. and Canada, and is the second largest bar association in the U.S.

The resolution was the effort of Earon S. Davis, Editor of EILR, who sought and received the backing of Roxanne Barton Conlin, the prominent Des Moines trial attorney who chairs the ATLA Consumer and Victims Coalition Committee. Ms. Conlin formally introduced the resolution, written by Mr. Davis, at ATLA's mid-winter convention in Phoenix in mid-January. In her letter to Mr. Davis confirming approval of the resolution, Ms. Conlin stated, "I hope that this is helpful to you in your struggle to represent the interests of those damaged by these tragic injuries."

This resolution is a major accomplishment. It is a sign of increasing credibility and visibility for the E.I. movement. And it is perhaps the first resolution from a major national organization recognizing E.I. and the injustices faced by those who suffer from it.

Mr. Davis made the following comment: "I have been astounded by the compassion and responsiveness of so many attorneys associated with ATLA. They are an extremely sharp and savvy group, which makes their support all the more meaningful. As children and young adults, most of us were raised to believe that all physicians should be like Ben Casey or Marcus Welby and that all attorneys should be like Perry Mason. The eyes of children, carrying the hopes and aspirations of their parents' generation, all too easily succumb to the ugly realities of the adult world. How privileged we, in the E.I. community, are to be associated with individuals in both medicine and law who still dare to aim towards those ideals of honesty, compassion, and dedication to helping other human beings."

For further information, including the resolution's six points (February 20, 1987 Special Bulletin in the Ecological Illness Law Report) contact EILR, P.O. Box 1796, Evanston, IL 60204-1796, or Roxanne Barton Conlin at the firm of James, Galligan & Conlin, P.C., 610 Equitable Building, Des Moines, IA 50309-3790. "AN INFORMATION CLEARINGHOUSE ON ECOLOGICAL ILLNESS AND ITS LEGAL ASPECTS SHOULD BE SET UP TO FACILITATE THE EXCHANGE OF INFORMATION IN THIS EMERGING AND COMPLICATED AREA OF LITIGATION."

[Earon Davis and the EILR have already begun the needed process of networking attorneys in Canada and the U.S.A., and providing up-to-date reports of litigations and lawyers, victims and victories, enlightening information and inspiration. He needs your support and subscriptions, be you patient, physician, or attorney, or just interested in the legal aspects of E.I. EILR is published quarterly, at the regular subscription rate of \$30.00 U.S. per volume/year. It's money well spent! MMN]

MYSTERY DISEASE STRIKES HIGH-TECH WORKERS (The Chicago Sun-Times, December 7, 1986) by Diana Hembree and Sarah Henry

Kay Nickerson, a Silicon Valley electronics technician couldn't understand what was happening to her. She had trouble remembering simple things. She had never had allergies, but now household bleach gave her blinding headaches. Car exhaust made her dizzy, and cigarette smoke caused her to choke. Even a trip to the local supermarket was risky - the smell in the detergent aisle made her break into a sweat and feel faint.

Nickerson is a victim of the "mystery disease" of California's Silicon Valley, where hundreds of electronics production workers have reported similar symptoms, according to local physicians and job-health experts.

Some medical specialists say repeated exposures to toxic chemicals used in the industry has made workers "hypersensitive" to such ordinary chemicals as those in laundry detergent and photocopy machine fumes. Other symptoms reported include chronic colds and flu, skin disease, memory loss, fatigue, impaired concentration, irritability, and sudden, violent mood swings.

"I don't like to go out in public anymore," Nickerson says, "Even the perfume can make me choke. I feel like I'm allergic to everything." Nickerson and other electronics workers with similar baffling symptoms have found themselves at the center of a medical controversy.

"Hypersensitivity is on the fringes of modern medicine," says Dr. Joseph LaDou, who treats injured Silicon Valley workers at the Peninsula Industrial Clinic in Sunnyvale, Calif. "It's not well established in the scientific literature."

"The workers have symptoms which we can't explain," says Dr. James Cone, chief of the occupational-medicine clinic at San Francisco General Hospital. "We're seeing a group of people in Silicon Valley who have apparently become sensitive not only to workplace chemicals but to other chemicals, such as paints, perfumes and smoke. These are not people with typical allergies but people who appear to have some kind of neurological or immune-system problem. We don't quite understand it."

More than 100 Silicon Valley employees have sued their companies for workers' compensation, blaming their illnesses on exposure to toxic chemicals on the job. Many say they are suffering from crippling chemical sensitivities.

In 1983, the World Health Organization devoted an entire conference in Copenhagen to chemical allergies and hypersensitivity in which some European scientists concluded that exposure to workplace chemicals is increasingly responsible for skin diseases and respiratory illnesses such as asthma.

Two years earlier, a California state study of the semiconductor industry revealed that "exposure to even low concentrations of the offending chemical or similar chemicals leads to an allergic-type reaction" among sensitized workers.

"The stakes are high," says San Jose workers-compensation attorney Robert Dennis. "If the illnesses we're seeing now are legitimate, there could very well be hundreds or even thousands of claims that companies will have to pay out in the future."

BRAVO to the Ozark Mountains residents of Pindall, Arkansas, who joined together to stop the toxic land fill site formerly destined to pollute the Buffalo National River. Enough people CAN make a difference! [A victory reported on NBC TV in March.]

BOO to the Canadian press and television news services who didn't bother to report on the "Landmark Case" of a London, Ontario "total allergy syndrome" patient who won compensation because she was unable to work. Winnipeg's CKND TV News Update mentioned it on May 7, as did radio CFRY in Portage la Prairie, Manitoba. Where is the allegedly "national" Globe and Mail when we need it? Anyone having further information is urged to write and let us know more. [Drop Earon Davis, Editor, Ecological Illness Law Report, P.O. Box 1796, Evanston, IL 60204-1796 a note too.]

FRIENDS OF THE EARTH newsmagazine 'Not Man Apart', Jan/Feb 1987 issue reported that a Japanese doctor has linked the rising cases of hay fever in Japan to diesel emissions from trucks and buses. Hay fever was virtually non-existent in Japan before 1950, but the number of diesel fueled heavy trucks and buses has increased more than 300 times since then. Dr. Masaharu Muranaka, who is the director of a hospital, said that recent experiments with rats indicated a positive connection between the exhausts and the allergies when they were forced to inhale a mixture of pollen and diesel fuel. The allergies did not occur when the rats inhaled the emissions or pollens separately. [Thanks to Dr. Louis Maraviglia in San Francisco for sending that item to us.]

CBC RADIO'S 'DAYSHIFT' began a series on Environmental Allergy on Tuesday, May 5, with an excellent interview by host Erika Ritter with hypersensitive patient Wendy Anand of Chester, N.S. On Wednesday the 6th, Erika spoke with a N.S. physician/patient, Dr. Gerry Ross, and Toronto clinical ecologist, Dr. Jozef Krop. The series continued May 12 with guest Bruce Small, who told Erika how patients should go about cleaning up their home environment, and discussed other interesting details about surviving with E.I. BRAVO to producer Debra Smith, and MANY THANKS to Executive Producer Ann Gibson who has given your faithful editor permission to record, transcribe, and present the series in print beginning in September's Quarterly. Thanks to Bonnie Bisnett, our go-between. WELL DONE, DAYSHIFT. Stay tuned for more, readers!]

THE ALLAN PARK HEALTH JOURNAL reported in April that "WORK, HOME AND HEALTH" is a concept that developer-designer-builder John Sennett is bringing to Saugeen Country. His intent is to provide home to 30 families in his OUR HOME VILLAS subdivision. He has been environmentally sensitive for much of his life and is more aware than most that chemicals in modern building supplies and wearing apparel are contributing factors to "indoor ecological disaster", so John Sennett has set out to change things for the better. For more information on his quest "Towards A Healthier Universe", call or write to WCS CONSTRUCTION LTD., Box 180, Durham, Ont. CANADA N0G 1R0, telephone (519) 369-6099. [BRAVO!!]

J U S T V I S I T I N G T H I S P L A N E T ?
[THANK YOU, BEN, for this classic "oldie but goodie". MMN]

Ben Wicks



"Here is the news. During the night the world was destroyed by chemical waste leaving just two survivors."

EDITORIAL COMMENT

"WHEN DID YOU GET YOUR MEDICAL DEGREE?" Anyone who's been asked that question by an irritated physician, pharmacist, nurse or psychiatrist, raise your hand. Isn't it time we started asking them the same question? In the past seven years, I've read enough pharmacology, chemistry, physiology and biology textbooks, medical and psychiatric journals, and clinical ecology books to know that if their answer is prior to 1980, the education of many medical practitioners is woefully incomplete! Why isn't there mandatory continuing education for the medical profession? Is the lack of up-to-date knowledge the reason they're reluctant to explore what they adamantly regard as the "fringe" of medicine?

"Take two valium and call me in the morning!" Doctors are still saying "it's all in your mind". I counsel many newly diagnosed, overwhelmed and frightened patients, and am saddened by what they're being told by the medical establishment (thankfully, with a few notable exceptions). There are nurses and doctors who are my friends and neighbours, and I'm annoyed and frustrated by how little they know about our illness and the new research regarding "allergy" and "hypersensitivity". Goodman and Gilman's 'The Pharmacological Basis of Therapeutics' would be a good place for them to begin improving their education. Knowledge is easily available to those with the determination to search it out.

Even today, medical textbooks are filled with phrases like "is thought to be", "have absolutely no idea of the mechanisms", "the only available clues have been gained from inference", "we assume", "we presume", "evidence suggests", "one current hypothesis states" and "scientists are presently trying to understand". Isn't it odd that clinical ecology is distrusted simply because the majority of doctors can't understand how it works? They don't understand how the drugs they prescribe work either, but that doesn't stop them from suggesting we take them. The aura of infallibility and perceived "next-to-godliness" of the average physician is vanishing in a growing segment of the population.

Environmental/ecological illness and chemical hypersensitivity is only controversial to those not yet afflicted. Empirical evidence may not suffice for them, but it does for those of us who are finally beginning to heal and recover due to the ongoing efforts of people such as those you've met in this edition (and despite the foot-dragging of others who have also had their say herein). In the interests of fairness, we've printed both pro and anti clinical ecology articles and opinions for your summer reading and enlightenment. Let us know what YOU think.

Mary Merlin Nelson - Editor
H.E.F. CANADA QUARTERLY
261 Campbell Street
Winnipeg, MB Canada
R3N 1B4

F O R F U R T H E R I N F O R M A T I O N
Recommended Reading List

AN ALTERNATIVE APPROACH TO ALLERGIES by Theron G. Randolph and Ralph W. Moss, (paperback) Bantam Books #0-553-20830-6.

COPING WITH YOUR ALLERGIES by Natalie Golos and Frances Golbitz, (newly revised, updated and released in paperback) Fireside/Simon and Shuster, Inc., New York.

DR. MANDELL'S 5-DAY ALLERGY RELIEF SYSTEM by Marshall Mandell, M.D., and Lynne Waller Scanlon, readily available in paperback.

(1) ALLERGIES AND THE HYPERACTIVE CHILD, (2) ALLERGIES AND THE FAMILY, and (3) THE IMPOSSIBLE CHILD, by Doris J. Rapp, M.D.

SERIES OF HANDBOOKS ON ALLERGIES, FOODS, CHEMICALS, INHALANTS, by G. Joy Underwood, 1202-1175 Broadview Ave., Toronto, Ont. M4K 2S9

CANDIDA ALBICANS by Leon Chiatow, Thorsons Publishers Limited, Wellingborough, Northamptonshire, Great Britain.

CANDIDA, A 20TH CENTURY DISEASE by Shirley S. Lorenzani, Keats Publishing Co., New Canaan, Conn. U.S.A.

THE YEAST CONNECTION by William G. Crook, Professional Books, P.O. Box 3494, Jackson, Tennessee 38301, U.S.A.

WHY YOUR HOUSE MAY ENDANGER YOUR HEALTH by Alfred V. Zamm

IT'S ALL IN YOUR HEAD by Hal A. Huggings, D.D.S., P.O. Box 2589, Colorado Springs, Colorado, U.S.A.

BRAIN ALLERGIES: THE PSYCHONUTRIENT CONNECTION (1980) by W.H. Philpott and D.K. Kalita.

(1) CHEMICAL VICTIMS (#0 330 25937 7) and (2) NOT ALL IN THE MIND (#0 330 24592 9) by Dr. Richard Mackarness, (British imports) PAN Books (both available in paperback and worth hunting for).

HOW TO CONTROL YOUR ALLERGIES by Robert Forman, Ph.D., Larchmont Books #ISBN 0-915962-29-2.

DETOX by Phyllis Saifer, M.D., M.P.H., and Merla Zellerbach, *Jeremy P. Tarcher Inc., Los Angeles #ISBN 0-87477-332-6

THE TYPE 1/TYPE 2 ALLERGY RELIEF PROGRAM by Alan Scott Levin, M.D., and Merla Zellerbach, *Tarcher Inc. #ISBN 0-87477-328-8

'LET'S LIVE', 'PREVENTION', and 'BESTWAYS' (monthly) magazines !!

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	Canada	U.S.A.
CLINICAL ECOLOGY: A NEW MEDICAL APPROACH TO ENVIRONMENTAL ILLNESS by Iris R. Bell, M.D., Ph.D.	\$ 8.00	\$ 8.25
TRACKING DOWN HIDDEN FOOD ALLERGY by William Crook, M.D.	\$ 9.75	\$ 11.00
COMMON SENSE FOR THE SENSITIVE by John G. MacLennan, M.D.	\$ 11.00	\$ 13.00
COMMON SENSE COOKBOOK FOR THE ECOLOGICALLY SENSITIVE by the H.E.F. Hamilton Branch	\$ 18.00	\$ 20.00
Rotation Diet Cookbook by the H.E.F. Toronto Branch	\$ 9.00	\$ 10.00
THE TYPE 1/TYPE 2 ALLERGY RELIEF PROGRAM by Dr. Alan Levin & Merla Zellerbach	\$ 20.00	
DETOX by Dr. Phyllis Saifer & Merla Zellerbach	\$ 21.00	

[Editor's Note: Our September edition will reintroduce a list of articles available for purchase by our readers. Stay (at)tuned!]

Happy Summer, Earthlings!

Having a wonderful vacation. New York's Garbage Barge Cruise was a highlight! Off to breathe in the mists at Niagara Falls, to remind me of home. Reading the Toxic Waste Dump Tourist Guide and deciding where we'll go next. See you in September!
Ergy



HUMAN ECOLOGY FOUNDATION OF CANADA INVITES NEW MEMBERS

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